



STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591971

REPORT NO. **E415241**

INTERSTATE <input type="checkbox"/>	CITY STREET <input type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

CASE #	<b>15-00938</b>
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LOCAL AGENCY CODING	
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TOTAL # OF UNITS	<b>02</b>	OBJECT STRUCK	
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TRIBAL RESERVATION	
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M	M	D	D	Y	Y	Y	Y	TIME (2400)	COUNTY #	MILES	CITY #
DATE OF COLLISION	<b>04</b>	<b>10</b>	<b>2015</b>	<b>1911</b>	<b>31</b>						

ON (PRIMARY TRAFFIC WAY) INTERSECTION ☒ NON-INTERSECTION ☐

SR <b>9 NE</b>	BLOCK NO. <input checked="" type="checkbox"/>	<b>2800</b>
	MILE POST	

DISTANCE	MILES	OF (REFERENCE OR CROSS STREET)
		<b>SOPER HILL RD</b>

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE <b>D: 5413900596</b>
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LAST NAME	<b>BAUGES</b>	FIRST NAME	<b>MICHAEL</b>	MIDDLE INITIAL	<b>S</b>
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STREET NEW ADDRESS <input checked="" type="checkbox"/>	<b>8801 13 ST NE</b>
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CITY	<b>LAKE STEVENS</b>	ST	<b>WA</b>	ZIP	<b>982583707</b>
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GDL	<b>A</b>	RESTRICTIONS	<b>B</b>	ENDORSEMENTS	
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DRIVER'S LICENSE #	<b>BAUGEMS345MG</b>	STATE	<b>WA</b>	SEX	<b>M</b>	D.O.B.	<b>07</b>	<b>07</b>	<b>1966</b>
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	<b>2</b>	RESTR.	<b>4</b>	EJECT	<b>1</b>	HELMET USE		INJURY CLASS	<b>1</b>	NATURE OF INJURIES
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LICENSE PLATE #	<b>HC99926</b>	STATE	<b>OR</b>	VIN#	<b>2GBJG31M6D4140859</b>
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	<b>1983</b>	MAKE	<b>CHVL</b>	MODEL	<b>MOTOR</b>	STYLE	<b>MH</b>	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. **MICHAEL BAUGES 8801 13 ST NE LAKE STEVENS WA 982583707 D: 5413900596**

LIABILITY INSURANCE IN EFFECT <input type="checkbox"/>	INSURANCE CO & POLICY #	CITATION #	<b>5Z0473244</b>	CHARGE
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VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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UNIT 02	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE <b>D: 4252867312</b>
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LAST NAME	<b>CHA</b>	FIRST NAME	<b>SUPHAWADEE</b>	MIDDLE INITIAL	
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STREET NEW ADDRESS <input type="checkbox"/>	<b>8815 78TH DR NE</b>
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CITY	<b>MARYSVILLE</b>	ST	<b>WA</b>	ZIP	<b>982707886</b>
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GDL		RESTRICTIONS	<b>B</b>	ENDORSEMENTS	
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DRIVER'S LICENSE #	<b>CHA**S*243QN</b>	STATE	<b>WA</b>	SEX	<b>F</b>	D.O.B.	<b>11</b>	<b>15</b>	<b>1976</b>
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	<b>2</b>	RESTR.	<b>4</b>	EJECT	<b>1</b>	HELMET USE		INJURY CLASS	<b>1</b>	NATURE OF INJURIES
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LICENSE PLATE #	<b>546ZOM</b>	STATE	<b>WA</b>	VIN#	<b>1FMFU18L44LB31306</b>
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	<b>2004</b>	MAKE	<b>FORD</b>	MODEL	<b>EXPDTN</b>	STYLE		VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. **XARR CHA 8815 78TH DR NE MARYSVILLE WA 98270 D: 4252867312**

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	CITATION #		CHARGE
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VEHICLE LEGALLY STANDING YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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OFFICER'S NAME (PRINT)	<b>D. PLANALP</b>	BADGE OR ID #	<b>102</b>	AGENCY	<b>WA0311900</b>
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STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E415241**

CASE # **15-00938**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)		<b>CHA SAIYU M</b>																	
ADDRESS & PHONE #		<b>8815 78TH DR NE MARYSVILLE WA 98270 4252867312</b>																	
SEX		<b>M</b>		D.O.B. MMDDYYYY		<b>01</b>		-		<b>27</b>		-		<b>2002</b>					
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	<b>2</b>	SEAT POS.	<b>4</b>	AIRBAG	<b>2</b>	RESTR.	<b>4</b>	EJECT	<b>1</b>	HELMET USE		INJURY CLASS	<b>1</b>	NATURE OF INJURIES	
NAME (LAST, FIRST, MIDDLE INITIAL)		<b>CHA CARRIE L</b>																	
ADDRESS & PHONE #		<b>8815 78TH DR NE MARYSVILLE WA 98270 4252867312</b>																	
SEX		<b>F</b>		D.O.B. MMDDYYYY		<b>10</b>		-		<b>23</b>		-		<b>1998</b>					
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	<b>2</b>	SEAT POS.	<b>6</b>	AIRBAG	<b>2</b>	RESTR.	<b>4</b>	EJECT	<b>1</b>	HELMET USE		INJURY CLASS	<b>1</b>	NATURE OF INJURIES	
NAME (LAST, FIRST, MIDDLE INITIAL)		<b>CHA CINDY S</b>																	
ADDRESS & PHONE #		<b>8815 78TH DR NE MARYSVILLE WA 98270 4252867312</b>																	
SEX		<b>F</b>		D.O.B. MMDDYYYY		<b>12</b>		-		<b>15</b>		-		<b>1999</b>					
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	<b>2</b>	SEAT POS.	<b>5</b>	AIRBAG	<b>2</b>	RESTR.	<b>4</b>	EJECT	<b>1</b>	HELMET USE		INJURY CLASS	<b>1</b>	NATURE OF INJURIES	

NARRATIVE

V-2 was in lane 2 at the intersection of northbound SR 9 NE at Soper Hill RD waiting for the red signal light to turn green. V-1 was a motor home towing a car dolly with a passenger vehicle on it. V-2 was northbound on SR 9 in lane 2 and did not stop in time and collided into the rear V-2. V-1 had damage to the front of it and to the rear of it due to the trailer pushing the rear bumper down.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

**D. PLANALP**

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

**04-10-15 09:05 PM**

DATED

PLACE SIGNED

APPROVED BY

**BOB SUMMERS 079**

DATE

**4/11/2015 4:56:01 AM**

BADGE OR ID #

**102**

ORI #

**WA0311900**

TIME POLICE DISPATCHED

**7:15 PM**

TIME POLICE ARRIVED

**7:20 PM**



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REPORT NO. **E415241**

CASE # **15-00938**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)		<b>CHA KAYLA M</b>																
ADDRESS & PHONE #		<b>8815 78TH DR NE MARYSVILLE WA 982707886 4252867312</b>																
SEX		<b>F</b>		D.O.B. MMDDYYYY		<b>08</b>		<b>19</b>		<b>1997</b>								
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	<b>2</b>	SEAT POS.	<b>3</b>	AIRBAG	<b>2</b>	RESTR.	<b>4</b>	EJECT	<b>1</b>	HELMET USE	<input type="checkbox"/>	INJURY CLASS	<b>1</b>	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #																		
SEX				D.O.B. MMDDYYYY														NATURE OF INJURIES
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE	<input type="checkbox"/>	INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #																		
SEX				D.O.B. MMDDYYYY														NATURE OF INJURIES
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE	<input type="checkbox"/>	INJURY CLASS		NATURE OF INJURIES

NARRATIVE

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**D. PLANALP**

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

**04-10-15 09:05 PM**

DATED

PLACE SIGNED

APPROVED BY

**BOB SUMMERS 079**

DATE

**4/11/2015 4:56:01 AM**

BADGE OR ID #

**102**

ORI #

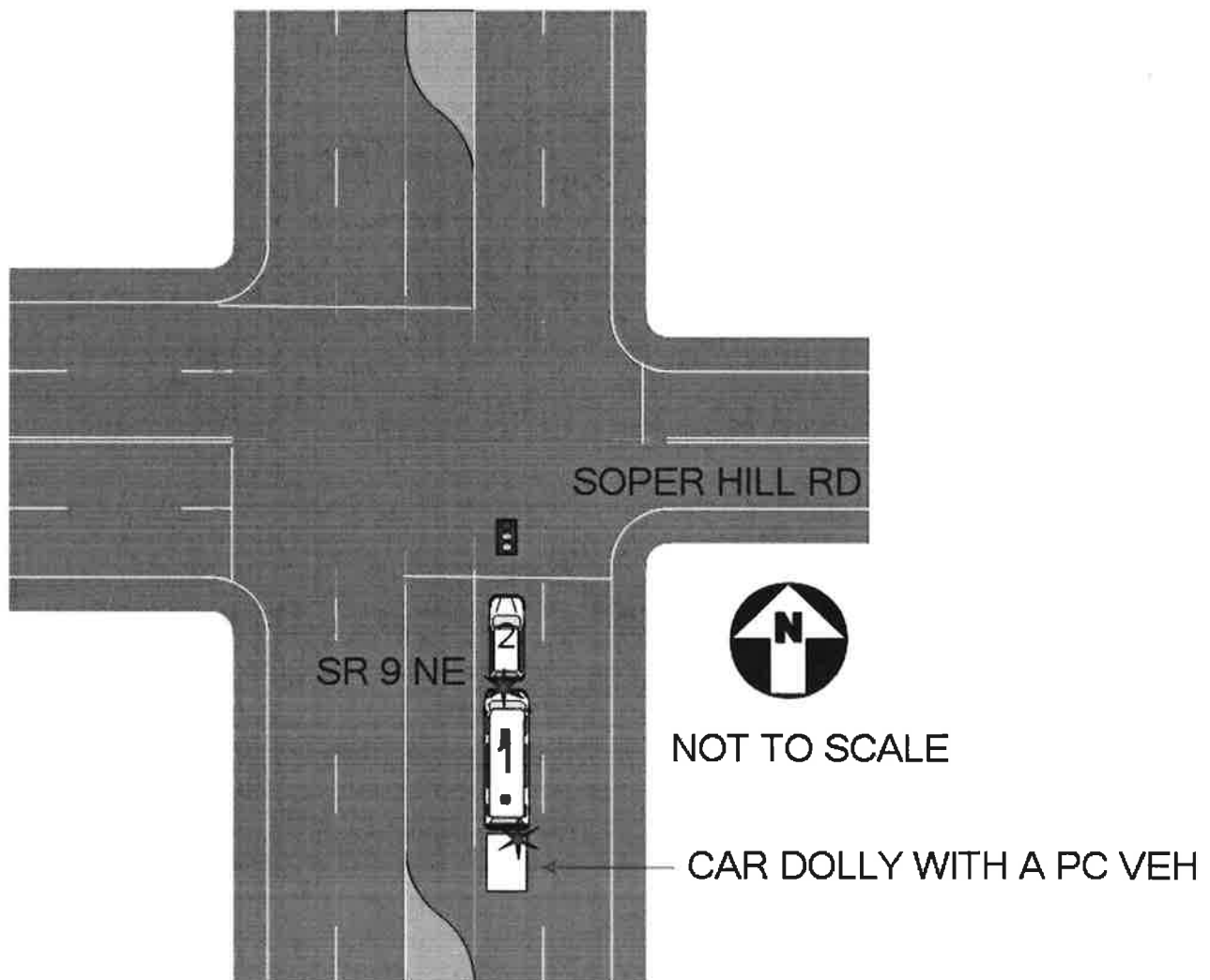
**WA0311900**

TIME POLICE DISPATCHED

**7:15 PM**

TIME POLICE ARRIVED

**7:20 PM**



Incident History for: #SS15006846

Case Numbers: \$SS15000938

Entered 04/10/15 19:11:21 BY SPCT01 SP0302

Dispatched 04/10/15 19:15:00 BY SPDP17 SP0386

Enroute 04/10/15 19:15:00

Onscene 04/10/15 19:20:17

Closed 04/10/15 19:51:55

Initial Type: COL Initial Alarm Level: Final Alarm Level:

Final Type: COL (COLLISION, NON-PRIORITY) Pri: 2 Dispo: H

Police BLK: SS002 Fire BLK: AG1618 Map Page: 377E-5 Group: SS1 Beat: WEST

Src: T

Loc: SOPER HILL RD/SR 9 NE , LKS (V)

Loc Info: NB SR 9

Name: CHA, AMY

Addr:

Phone: 4252867312

/1911 (SP0302) ENTRY , CC, JO 2 VEH ACC, NON INJ, NON BLKG , MOTORHOME  
VS GRN SUV

/1911 (SP0386) AGCADV , 19S12

/1911 VIEWED

/1915 DISPER 19N1 #SS102 PLANALP, OFFICER (DANIEL)

/1920 (SS102 ) \*ONSCNE 19N1

/1926 (SP0386) ASNCAS 19N1 \$SS15000938

/1951 CLEAR 19N1 D/H

/1951 CLOSE 19N1

LSPD  
ORIGINAL